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Number of pages with cover page:	5
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Comments: REQUEST FOR CONTINUED EXAMINATION

DOCKET NO.: 146712007100

GROUP ART UNIT: 2834

EXAMINER: Y. Comas

SERIAL NO.: 09/896,006

FILING DATE: June 28, 2001

INVENTOR(S): Troy M. HERNDON et al.

TITLE: RESONANT SHIFTING AND REDUCTION OF MODAL DISPLACEMENT FOR IMPROVED ACOUSTICS

Papers attached:

1. RCE Transmittal (1 page)
2. Fee Transmittal w/duplicate copy for fee processing (2 pages)
3. One Month Petition for Extension of Time (1 page)

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PTO/SD/17 (12-04-02)

Approved for use through 7/31/2005 OMH 0551-0032
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Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 09/896,006 Filing Date June 28, 2001 First Named Inventor Troy M. HERNDON Examiner Name Y. Comas Art Unit 2834 Attorney Docket No. 14671200/100	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 910.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																												
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																					
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																						
Utility	300	150	500	250	200	100																						
Design	200	100	100	50	130	65																						
Plant	200	100	300	150	160	80																						
Reissue	300	150	500	250	600	300																						
Provisional	200	100	0	0	0	0																						
2. EXCESS CLAIM FEES																												
Fee Description							Small Entity Fee (\$)																					
Each claim over 20 (including Reissues)							50																					
Each independent claim over 3 (including Reissues)							200																					
Multiple dependent claims							360																					
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3">Multiple Dependent Claims</td> </tr> <tr> <td>12</td> <td>20</td> <td>0</td> <td>50.00</td> <td></td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>360.00</td> <td>0.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			12	20	0	50.00		Fee (\$)	Fee Paid (\$)						360.00	0.00	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																								
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																									
2	3	0	200.00																									
3. APPLICATION SIZE FEE																												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																												
<table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) *</td> <td></td> <td></td> <td colspan="3"></td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)				- 100 =	/50	(round up to a whole number) *										
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- 100 =	/50	(round up to a whole number) *																										
4. OTHER FEE(S)																												
Non-English Specification: \$130 fee (no small entity discount)																												
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00																					
One month Petition for Extension of Time							120.00																					

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,375
Name (Print/Type)	Christopher B. Eide	Telephone	(650) 813-5720
		Date	June 28, 2005

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